DOCUMENT RESUME

ED 404 818 EC 305 336

AUTHOR Fulgosi-Masnjak, Rea; And Others
TITLE The Connection between Some Dimensions of Perceived Personal Competence and Permanent Low Intensity Stress in Parents of Children with Intellectual Disabilities.
PUB DATE Jul 96
NOTE 25p.; Paper presented at the Annual World Congress of the International Association for the Scientific Study of Intellectual Disabilities (10th, Helsinki, Finland, July 8-13, 1996).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Aggression; Anxiety; Behavior Problems; *Child Rearing; Children; Coping; Elementary Education; Foreign Countries; Hyperactivity; Incidence; Interpersonal Competence; Locus of Control; *Mild Mental Retardation; Parent Attitudes; Parent Role; *Parents; *Self Concept; Self Esteem; Self Evaluation (Individuals); *Stress Variables
IDENTIFIERS Croatia

ABSTRACT

This study compared the perceived personal competence of two groups of parents of primary grade children in Croatia with (N=86) and without (N=186) mild intellectual disability. The comparison was based on the parents' perceived competence in the areas of parental role, self-respect, locus of control, and social anxiousness. Children in the two groups were also compared for hyperactivity and aggressiveness. Parents rated their self-estimations on a five-level Likert-type scale. Children's behavior was estimated by parents and teachers on a three-level estimation scale. A significant difference was found between the two parental groups on perceived competence for parental role, self-respect, locus of control, and social anxiousness. Parents whose children had normal intellectual functioning expressed internal locus of control orientation, estimated higher personal competence for the parental role, indicated higher self-respect, and demonstrated lower social anxiousness than did parents of children with intellectual disabilities. Teacher and parental estimations of children's aggressiveness and hyperactivity showed a significantly lower incidence of these behaviors in children with normal intellectual functioning. The study concluded that the permanent low-intensity stress experienced by parents of children with inteilectual disabilities causes a decreased sense of personal competence. Contains 30 references. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 404 818

THE CONNECTION BETWEEN SOME DIMENSIONS OF PERCEIVED PERSONAL COMPETENCE AND PERMANENT LOW INTENSITY STRESS IN PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITIES

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Rea Fulgosi-Masnjak,
Andrea Gustovic-Ercegovac,
Ljiljana Igric,

Department of Mental Retardation, Faculty of Defectology, University of Zagreb, Zagreb, Croatia

Correspondence to:

Rea Fulgosi-Masnjak,
Department of Mental Retardation, Faculty of Defectology, University of Zagreb, Kuslanova 59a., 10 000 Zagreb, Croatia,
tel. 385 1 2338 022; fax. 385 1 229 950.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
R.F.Masnjak
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

EC 305336

BEST COPY AVAILABLE

Aim. To compare the two groups of parents, those whose children are mildly intellectually disabled with the group of parents whose children have normal intellectual functioning. Comparation was made regarding to their perceived personal competence for the parental role, self respect, locus of control and social anxiousness.
To compare the group of children with no intellectual disabilities with the group of children with mild intellectual disabilities regarding the hyperactivity and aggressiveness.

Method. Investigation was conducted on the two samples of participants. The first sample included parents of children with no developmental difficulties, N=186, the second sample included parents, whose children were mildly intellectually disabled, N=86. The two groups of children attended lower primary school grades, (the group of intellectually disabled children is integrated into the regular school settings and is educated under shorter and individualized educational program).
In order to compare the two groups of parents, their self estimations on the five level, Likert type of scales were used.
Children's behavior was estimated by parents and teachers on the three level estimation scale, which consisted of 15 items-descriptions of disturbing behaviors which are usually found in school children.
The data were analyzed through the discriminative analysis and the analysis of variance.

Results. A significant difference between the perceived competence for the parental role, self respect, locus of control and social anxiousness, was detected between the two groups of parents. Those parents whose children had normal intellectual functioning, expressed internal orientation, estimated higher personal competence for the parental role, their self respect was higher as well, while their social anxiousness was significantly lower than those of the group of parents whose children had intellectual disabilities.
Teacher's and parental estimations of children's aggressiveness and hyperactivity showed significantly lower incidence of such ways of behavior in children with normal intellectual functioning.

Conclusion. The permanent low intensity stress in parents whose children have intellectual disabilities, causes lower perception of competence for the parental role, more external orientation in interpreting causes and effects of behavior, lower self respect and greater social anxiousness. These characteristics affect and are affected by the child's maladjusted behavior, which is significantly more frequent in children with intellectual disabilities.

BEST COPY AVAILABLE

INTRODUCTION

Cognitive aspect of human functioning consists of different processes such as learning, memory, cognition, perception, etc. Not only the way in which we feel, but the way in which we think about ourselves determines the level of our adjustment to the outer world. Cognitive interpretation of Self, our own abilities and achievements plays a significant role in determining the way of our living and perceiving ourselves. The way we perceive ourselves in a great extent determines not only our relation toward ourselves, but the relations we have with other people. It is not only the existence of our own abilities that is important, but also the way in which we value them.

``Self-perception'' comprises of self description and evaluation and it is a part of the concept called ``self concept'' (Bezinović 1988.). Although basic investigations of self-concept started at the last century, in the work of William James, the real renaissance in the investigations of Self happened with the ``cognitive revolution'', which put internal processes in the focus of it's investigation. Those are cognitive and affective processes, which are tightly tied to motivation and behavior. The result of such investigations was the fact that different ways of self-perceiving are in the causal relation with the specific behavior. Results confirming this finding are obtained in a numerous investigations in the field of social and personality psychology, particularly in investigations concerning the concept of ``*self-esteem*'' (Baumeister and Tice, 1985; Jones, 1973), the concept of ``*self-awareness*''(Carver and Scheier, 1981; Duval and Wicklund, 1972), the concept of ``*self-presentation*'' (Baumeister,1986; Schlenkel, 1980), the concept of ``*self -schema*'' (Markus, 1977; Markus and Smith, 1981), the concept of ``*self- monitoring*'' (Snyder, 1974) and ``*self-concept*'' (Epstein, 1973; Gergen, 1981). These and other research works show that investigations of self are basic area of interest in today's social and personality psychology.

Attempts to explain processes of self monitoring, self estimating, self interpreting, or self presenting, stressed out one dimension. It is most likely that a *dimension of perceived personal competence* is the one which lays in the base of these processes. One of the basic aspects of these processes is the ``*perception of personal competence*''. It determines in a great extent our behavior and includes the perception of personal skills, abilities, knowledge, etc. Feeling competent leads to feeling strong, persistent, while feeling incompetent leads to helplessness,

BEST COPY AVAILABLE

anxiousness, self blaming, etc. This perception can be distorted in which case person sees self in a different way from what it is, or what it possesses. Therefore the perception of personal competence plays the key role in the structure of the complex *self-concept*.

In order to successfully adapt to it's environment a person has to develop his/her competence. This would help the development of self autonomy, independence and relative freedom in comparison with the outer world. All these factors at the same time influence the general level of adaptation on the environment.

The acquisition of the real competence depends on a number of different developmental circumstances, as well as on specific abilities and interests. Since being competent is of crucial importance in one's life, feeling competent is regularly connected with personal satisfaction. This may be a consequence of fulfilling personal motives to be competent. The inability to fulfill this motive over a longer period of time could lead to the more permanent feeling of incompetence and helplessness. This, of course, could negatively influence self-respect, general adaptation level and behavior. Although real, objective competence is of crucial importance for good adaptation, it is not sufficient. The subjective feeling of competence should not be neglected.

Personal, subjective perception of being competent is in some cases even more important for the successful personal adaptation than the objective competence. As a result of feeling that the desired level of competence can not be achieved, a person can withdraw, or underestimate her/himself. On the other hand, in spite of unachieved competence level, one can see her/himself as being very competent. Therefore, when talking about the perception of personal competence, we have to bear in mind that these perceptions can be more or less realistic/ objective.

There is a great number of different theories, which try to explain perception of self competence, but the only theory which completely regards perceived competence as a central dimension, which regulates human functioning is the ``Self-efficacy theory'' (Bandura, 1977.; 1982.; 1984.; 1986a.; 1986b.). According to the self-efficacy theory, every change in behavior is based on the variation of self efficacy feeling. Therefore, the perception of self efficacy is a basic mechanism in explaining human functioning. Although, terms *efficacy* and *competence* can often be regarded as synonyms, there is certain difference in

BEST COPY AVAILABLE

their meaning. While competence represents a potential for acting, efficacy represents concrete results, in that way the perception of efficacy includes the perception of competence, while the perception of competence does not necessarily include the perception of efficacy in concrete situations. In spite of these semantic differences, the theory of self efficacy can be regarded as the theory of perceived self competence.

A person with the higher level of personal competence expectations will easier conduct some ways of behavior for which it believes that will produce desired outcomes (Bandura, 1977.; Locke, et. all., 1984.). She/he will be more persistent in facing difficulties or problems in realization of actual behavior (Brown and Inouye, 1978.; Schunk, 1981.), will intensify efforts when getting close to achieving goal (Bandura and Cervone, 1983.), and it will understand own mistakes in a way which shows orientation to success (Collins, 1982., in Bandura 1984.).

On the other hand, person whose level of perceived self efficacy (competence) is lower, tends to avoid difficult tasks, puts little effort in it's actions, easily gives up when facing difficulties, thinks about own imperfections during work and experience anxiousness and stress. For these reasons the effects of his/her work and actions will be lower. Since the self efficacy expectations cause all these effects, there is a great possibility that the measure of expected personal efficacy can be used as a good predictor of future behavior.

According to Bandura (1977) the best way to study origin and functions of self efficacy perceptions is to use ``micro-analytic strategy''. Under this strategy a person is given a number of scales in order to estimate own/personal efficacy-competence. Numerous investigations showed that there are few levels of perceived personal competence. Perceived global competence, which doesn't concern any specific skill, knowledge or behavior is on the highest level. This perception is the core of self esteem. Some specific aspects of competence, such as is the perception of own intellectual abilities, creative potentials, social and physical competencies are in the middle. Each of these aspects can be further divided into a greater number of specific manifestations of competence. On the lowest level there is a perception of self efficacy in the concrete life situations when a person is asked to conduct specific actions.

Since these levels represent one integrated system, assumption about the dualistic nature of perceived personal competence, which emerged from Bandura's conceptualization can be regarded as false. Although global self competence

BEST COPY AVAILABLE

perception (Bezinoviæ 1988.) can not directly influence behavior in concrete situations, one can assume that competence perceived in different situations is at least partially based on the global self competence perception, which is more stable personality trait.

Satisfying child's emotional development depends in a greater extent on parental attitudes and behavior, than of child's developmental difficulties. Good adaptation and complete fulfilling of child's abilities depends on the home situation as well. If parents are calm and the situation is efficient, full of self belief, it will stimulate child's development. On the other hand ambivalent attitudes about what a child can or can not achieve, what it should or should not do, feeling of helplessness in demanding situations, fears, anxiousness, dissatisfaction in parents will reflect on child, particularly if child has developmental difficulties.

Adaptation on different situations is not the one way process, it is interaction between self and the environment. If the parent feels competent/ satisfied in this process, this initial self-confidence will reflect the child and vice versa. Content parents will perceive their child as having less problems and behavioral difficulties, than parents who are less confident in their parental role. This will be the base on which a child will built own self perception (Kravetz, Katz, Katz, 1990.).

When a child is not progressing as other children do, when it has difficulties in school, as well as some other problems it is a situation of constant low intensity stress for parents, which can cause smaller or greater crisis. Thus it is assumed that during child's development parents develop different modalities of facing situations and adapting on them. Chronic stress is believed to demand greater strength and energy for facing it, than the acute stress. Therefore personality characteristics are very important in facing specific situations, particularly in perceiving self competence in specific role, or situation.

Child's delayed cognitive development influences parents in three phases during life time:

a) In the situation of birth, or very soon after birth, when risk factors for the normal development are perceived;

b) In the schooling situation, when slower developmental pace has to be accepted; and

c) In the situation of vocational planning;

These are the situations in which parents have to face once again child's limitations and usually experience the feeling of guilt (Challela, 1981.) According

to the construct of coping with stress (Folkman, Schaffer, Lazarus, 1979.) each situation can be perceived as:

- irrelevant,
- positive/pleasant, or
- negative/stressing/burdening;

If a situation is perceived as stressful, it will be estimated according to the level of insecureness, danger, or the conflict which exists in the situation, as well as on the amount of helplessness which this situation causes (Beziæ 1981.) How the situation of child's delayed cognitive development and behavioral difficulties will be perceived by parents, depends in a great extent on their self-concept and self perception of own coping abilities.

METHOD

SUBJECTS

Participants in this investigation were two groups of parents, Group1, $N_1 = 186$ and Group 2, $N_2 = 68$. Parents of children with no developmental difficulties were included in the Group 1, while parents of children with specific learning difficulties, connected with lower level of intellectual functioning were included in the Group 2. Children whose parents were in the group 2 are integrated into the regular primary school settings and are educated under shorter and individualized educational programs. They are of borderline and lower intelligence level. 58% of them were boys and 42% were girls, aged 7-11 years, from the broader area of the town of Zagreb. 75% of parents from this group were mothers, while 25% were fathers. Their educational background was further: 41% of parents had primary school education; 44% had secondary school education, while 8% of parents had university education.

Children whose parents were in the Group 1 are children with normal intellectual functioning and with no developmental difficulties. In 46,7% of cases were boys, while in 53,3% cases were girls, aged 7-11 years, from the broader area of the city of Zagreb. 78% of parents from this group were mothers, while 22% were fathers.

INSTRUMENTS

Parental self estimations:

In order to obtain data about the perceived personal competence for the parental role, four diagnostic instruments were applied on both groups of parents.

All four instruments-Scales are based on the general strategy for the development of diagnostic instruments used for estimating different aspects of Self-concept, which is the use of homogenous, short, reliable and unidimensional scales. In that way the basic demand in the theory of measurement that a diagnostic instrument should measure only one common feature was respected (Hattie, 1984.)

KR- Scale (GustoviæErcegovac, 1992.), is designed for measuring perceived competence for parental role. This five level Likert type estimation scale consists of 20 items, total result can vary between 0 and 100. High result on this scale indicates that he/she believes to be a good parent and that possesses knowledge, capacities and skills to be a good parent. Such person is convinced in good relationship with own child and that he/she is providing the right upbringing atmosphere. Low result on this scale means that a person is insecure in relations with his/her child, and is not sure what is good and what is bad for a child. This person doesn't feel ready for the parental role and thinks that the environment influences child more than a parent. Generally speaking, such parent doubts own potentials to be a parent. Both high or low result on the scale can be more or less realistic.

Rosenberg's **RSS- Scale**, measures self respect. This five level Likert type estimation scale consists of 10 items and is translated and adapted on the Croatian language (Bezinoviæ 1988.). Results can vary from 0 to 40, the higher result reflects higher level of self respect.

SE- Scale, for measuring locus of control (Bezinoviæ 1988.). This five level Likert type estimation scale consists of 10 items and is constructed on the basis of Rotter's locus of control scales and theory. Results can vary from 0-40. Item analysis of the scale showed that high result reflects fatalistic orientation, according to which events are determined by faith, destiny, luck and chance. In other words, behavior is determined in that way as well. This scale can be called the extarnallity scale, since all the items reflect external orientation.

X-2 Scale, (Leary, 1983., adaptation Bezinoviæ 1988.). Likert type, five level estimation scale, measures fear of negative evaluation. This scale consists of 20 items, min. result is 0, max. 48. Higher result reflects greater fear of negative evaluation as a measure of social anxiousness.

BEST COPY AVAILABLE

Children's behavior:

Children's behavior was estimated by parents and teachers, regarding the hyperactivity and aggressiveness. Estimations were made on the three level estimation scale, which consisted of 15 items- descriptions of disturbing behaviors which are usually found in school children respecting the incidence of such ways of behavior.

DATA COLLECTION

At the end of the school year, parents and teachers were asked by the members of the research team to estimate children's behavior regarding their hyperactivity and aggressiveness. Parents were asked to fill out four estimation scales, as well.

DATA ANALYSIS

All statistical data analyses were conducted on a 486-DX4 personal computer. In order to determine the differences in perceived personal competence for the parental role between the two groups of parents, apart from the basic statistic parameters-means and standard deviations, univariate analysis of variance and robust discriminative analysis were calculated as well. These parameters were calculated for the each item, as well as, for the total result for the each of four applied estimation scales.

Parental and teacher's estimations of children's behavior were analyzed in the same way.

RESULTS

KR - Scale

Table 1. about here

Univariate statistics generated by the analysis of variance procedure indicated significant differences between the estimations made by the two groups of parents on items of the KR-Scale, as shown in the Table 1. Table 1. provides means and SDs, F ratios and p values for 20 items of the KR Scale. As can be seen in Table 1, 14 out of the 20 predictor variables reached significance, $p < .001$ and $p < .05$, when differences between groups were examined. The differences were on the items 1, 4, 5, 8, 11, 12, 13, 14, 15, 16 17, 18, 19, and 20. In each of those cases the direction of difference was more favorable for parents of children with normal development. This means that the group of

BEST COPY AVAILABLE

parents who have children with normal development significantly more often feel competent to be a parent and to act as a parent.

Table 6. about here

In discriminate analysis the emphasis is on analyzing variables together instead of just individually. On the bases of 20 predictor variables, we calculated a single discriminant function with F ratio of 64.955, $p < .001$. See Table 6. Examination of the canonical discriminant functions evaluated at group means, or group centroids, showed that this discriminant function distinguished the high self perception of competence for the parental role. group 1., (function = .46) from the low self perception of competence for the parental role group 2. (function = -1.25).

RSS - Scale

Table 2. about here

As shown in the Table 2. which presents means and SDs, F ratios and p values for 10 items of the RSS Scale, univariate statistics generated by the analysis of variance procedure indicated significant differences between the estimations made by the two groups of parents on the scale that measures self respect, $p < .001$ on all the items of the scale. The differences were in favor of the group of parents whose children had normal development, which means that these parents are more content with themselves, their self respect is higher, they are more proud of things they do and regard themselves as competent as other people are. They do not feel useless and worthless and think they possess a lot of valuable characteristics. On the basis of 10 predictor variables, a single discriminant function was calculated, with F ratio 99.611, $p < .001$, see Table 6. Group centroids showed that this discriminant function distinguishes those parents with low self respect (.20), from those with higher self respect (- .07). Parents of children with no developmental difficulties showed higher level of self respect.

SE - Scale

Table 3. about here

As shown in the Table 3. which presents means and SDs, F ratios and p values for 10 items of the scale which measures external-internal orientation (or locus of control), univariate statistics generated by the analysis of variance procedure indicated differences between the estimations made by the two groups of parents. All the differences were statistically significant, $p < .001$. Parents of children with developmental disturbances more often attribute life events to outer causes, such

BEST COPY AVAILABLE

as destiny, luck, faith, accidence and alike. Therefore the centroid for the group of parents of children without developmental difficulties is (- .5845), while the centroid for the group of parents of children with developmental difficulties is (1.5987). Only one discriminant function was calculated on the basis of centroids, with F ratio 107.800, $p < .001$ (Table 6.)

X - 2 - Scale

Table 4. about here

Table 4. shows means and SDs, F ratios and p values for 20 items of the scale measuring social anxiousness. Results were again significantly different for the two groups of parents. Differences were in favor of the group of parents of children without difficulties. Centroid for the group of parents whose children developed normally is (- .8879), while centroid for the group of parents whose children were developmentally disturbed is (2. 4286). Discriminant function was calculated on the basis of these centroids and the F ratio was 197.341, $p < .001$. Such results again stressed out lower position of the group of parents who have developmentally disturbed children, this time showing greater social anxiousness in these parents.

As shown in Table 5. there is a significant difference $p < .001$. in parental estimations between the two groups of parents, regarding the total result on the four scales. This result confirms once again the difference in some dimensions of perceived personal competence, which are caused by the permanent low intensity stress, experienced by parents of intellectually disabled children.

Table 7. about here

Parental and teacher's estimations of children's hyperactivity and aggressiveness show significant difference $p < .001$. between the group of children with intellectual disabilities and children with normal intellectual development. This difference is in favor of children with normal intellectual development, both in parental and teacher's estimations. This means that this group of children shows significantly less aggressive and hyperactive ways of behavior, regarding the usual disturbing behaviors which are found in school children.

BEST COPY AVAILABLE

DISCUSSION AND CONCLUSION

We proposed that the connection between some dimensions of perceived competence for the parental role and the permanent low intensity stress in parents of children with intellectual disabilities could be operationalized by four essential features: *a) perceived competence to be a parent, b) self esteem, c) locus of control and d) social anxiousness.* Parents with high perception of own competence as a parent, could be described as having higher self esteem, internalized locus of control and low social anxiousness.

Real competence is factor which significantly influences personal level of self esteem, more competent individual experiences such feeling much more often that a non competent one, therefore, it seemed interesting to explore whether there is a difference between the level of self esteem connected with the situation of permanent low intensity stress. According to findings of Bezinoviæ (1988.) self perception of competence can be regarded as a key dimension of self esteem, as is measured on the scale. It is generally found that self perception of competence highly correlates with satisfaction with life. Respecting the fact that self esteem, as well as, the satisfaction with life determines person's quality of life and his/her general state, perception of personal competence is of vital importance in personal adjustment. According to obtained results parents whose children have different difficulties due to the lower level of intellectual functioning and additional disturbances, constantly experience situations in which they feel helpless, frustrated, incompetent. For the each new situation, parents expect something from their children, these expectations usually have to be reorganized and adjusted to the real life situations, but regarding the developmentally disturbed child they mostly get lower. The future of their children doesn't look bright, everything what happens to them or to their children is more or less stressful. Such feeling, if is long lasting causes the perception of self as a incompetent, insecure person, who is not confident in his/her capabilities. Since they experience failure in most of the parenting situations, these parents eventually start believing that they are really incompetent they fear new situations and new challenges one of which is a growing, developmentally disturbed child. Majority of these parents tend to perceive most of the life problems difficult to be solved, they fear failure and generally speaking they are less satisfied in life. These parents more frequently express the need for additional information how to be a parent to developmentally disturbed child, which speaks in favor of the fact that they wish

BEST COPY AVAILABLE

to take more active role in, for them, unclear situation. Of course we can not neglect the fact that most of the participating mothers are of lower educational level. In any case, seeking new information is one of the frequent ways of facing stress and at the same time the way of preparing for anticipated conflict and stressful situation. In this way a person increases the subjective feeling of the control. Further analysis of parental responses shows the difference between responses given by parents whose children are of normal development and those given by parents of developmentally disturbed children, regarding the feeling of guilt and anxiousness. This feeling of guilt and anxiousness belongs to the category of developed psychological systems, whose function is the attribution of events to some outer causes that lie outside ourselves.

Locus of control construct, which has been developed within the Rotter's (1966.) theory of social learning, assumes that an individual who thinks that he/she is capable of controlling and determining events in the environment with his/her own behavior has internal locus of control. Internally oriented individuals attribute results of own behavior to own actions, abilities, efforts, or to some other personal characteristics (Rotter, 1975.). Results obtained by the group of parents of developmentally disturbed children show significant tendency to external orientation. This orientation determines their belief that they cannot control events happening in their life. Although external orientation and perception of personal competence for parental role are conceptually different constructs, obtained results indicate that there is a possible parallelism between the development of these cognitive interpretations. Parents exposed to long term low intensity stress, apart from the lower self esteem, express lower perception of personal competence, a tendency to be externally oriented and have greater anxiousness.

Social anxiousness is personality trait which makes ``normal'' social interactions more difficult and in that way it lowers the efficacy of social behavior. Global self competence perception is built on the three sources of information: *1. personal experience in situations which demanded competent behavior; 2. social comparations; 3. social evaluations.* First source is based on personal experience, or more precisely on the interpretations of personal experiences in which competence played a key role in determining the result of behavior. Regarding parents of children with different developmental difficulties in a number of situations such parents experience failure in upbringing of their children regardless

BEST COPY AVAILABLE

the real level of their own personal competence to be a good parent. In that way their interpretations of own competence as a parent become worse- lower. When such parent estimates that the failure of being a parent happens too often, a feeling of incompetence can easily develop. Self competence estimations are tightly tied to other sources of information which include social comparations. Most people estimate own opinions, abilities, emotions, etc. comparing themselves with others (Levine, 1983.). In such situations parents of developmentally disturbed children can gain only negative information comparing with other parents. Other parents who have children without any disturbances, always seem to find ways of solving parental problems and difficult parent-child interactions more easy. The third source of information is feedback information from the social environment. Regarding this issue parents of children with disturbed development are often negatively evaluated by their environment as well as their children are. Long term effect of the unfulfilled need to be competent and respected by other people, can be low self esteem, bad social adaptation and social anxiousness. The obtained results confirm this assumption, parents of children with different behavioral disturbances scored significantly higher on the scale measuring social anxiousness. According to results obtained by Bezinoviæ (1988.) since causes of social anxiousness are similar or identical to those causing negative self competence perception, it can be concluded that social anxiousness is a reflection of negative self esteem and negative perception of personal competence. Therefore parents who are under permanent low intensity stress, caused by their constant failure to perceive themselves as being a competent parent, after some time start to express social anxiousness. This social anxiousness is emphasized by the feeling of other people's disrespect, which also causes poorer social adaptation.

Results which are obtained in this investigation, relations between the lower perception of personal competence for the parental role, lower self esteem, external orientation and higher anxiousness in parents of children with intellectual disabilities are easy to interpret. They are result of the permanent low intensity stress and are evidence that the cognitive interpretation of personal competence for parental role plays a significant role in general self esteem. Such cognitive interpretation determines the level of personal satisfaction and social adjustment and in some extent it determines the total quality of life. Programs of therapeutical

BEST COPY AVAILABLE

family interventions which are aimed toward raising the parental feeling of competence through the complete experience of child's capacities and limitations, will give parents of children with delayed cognitive development the possibility of regaining the feeling of competence and control Heifetz, 1977.).

Table 1.: The differences between parental self estimations, between the two groups of parents, on the items of the **KR- Scale**

Item	M_{g1}	M_{g2}	SD_{g1}	SD_{g2}	F	df	sign.
1.	3.1613	.7059	1.2425	.8755	**299.422**	1	**. 0000**
2.	2.9247	2.8235	1.3618	1.4240	.263	1	. 6076
3.	2.8871	2.7647	1.3493	1.4050	.662	1	. 4221
4.	2.9624	.6912	1.2154	1.0468	**217.298**	1	**. 0000**
5.	2.7312	2.3382	1.4453	1.3570	**12.300**	1	**. 0008**
6.	2.1237	2.2059	1.3563	1.3673	.0236	1	. 6229
7.	2.3387	2.4559	1.3867	1.4393	.971	1	. 3268
8.	2.9570	.8529	1.2479	.8448	**238.040**	1	**. 0000**
9.	2.7849	2.6324	1.3548	1.3602	1.159	1	. 2823
10.	2.7043	2.4559	1.3849	1.5852	2.263	1	. 1297
11.	2.1398	2.1765	1.1602	1.0282	**15.188**	1	**. 0003**
12.	2.4409	2.2353	1.3597	1.2847	**8.853**	1	**. 0035**
13.	3.0860	.7500	1.1746	1.0897	**220.662**	1	**. 0000**
14.	3.1452	2.8824	1.3422	1.5101	**4.141**	1	**. 0403**
15.	2.6344	2.6176	1.2682	1.1885	**8.622**	1	**. 0039**
16.	1.0645	.6765	1.3264	1.0494	**33.261**	1	**. 0000**
17.	2.3548	2.1029	1.3690	1.2735	**11.284**	1	**. 0013**
18.	1.5387	1.7353	1.3099	1.2201	**72.180**	1	**. 0000**
19.	2.7581	1.2059	1.1734	1.2668	**72.180**	1	**. 0000**
20.	2.3548	2.2941	1.4229	1.4457	**4.197**	1	**. 0390**

Legend:
M_{g1} and M_{g2}: Average estimations for the Group 1 and Group 2;
SD_{g1} and SD_{g2}: Standard deviations for the Group 1 and the Group 2;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of significance;

Data source:
Parental estimations on the items of the KR Scale;
Sample size: Group 1.: N_1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; parents of children with delayed cognitive development and/or developmental difficulties;
Method: analysis of variance.

BEST COPY AVAILABLE

Table 2.: The differences between parental self estimations, between the two groups of parents, on the items of the **RSS- Scale**

Item	M_{G1}	M_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
1.	1.6290	1.1471	1.9168	.8272	86.918	1	.0000
2.	1.3871	2.1029	1.9206	1.3947	46.396	1	.0000
3.	1.6452	2.1765	2.0168	1.2120	61.228	1	.0000
4.	1.8441	2.8971	2.0874	1.1775	80.942	1	.0000
5.	1.8602	.7206	2.1507	1.1612	87.043	1	.0000
6.	1.6828	2.5588	2.0795	1.2763	67.002	1	.0000
7.	1.9570	.6029	2.1448	.8426	111.356	1	.0000
8.	1.8763	.9853	2.0585	.9624	91.621	1	.0000
9.	2.0323	3.2500	2.1724	1.1424	92.027	1	.0000
10.	2.0269	.06471	2.1861	1.0112	109.659	1	.0000

Legend:
M_{G1} and M_{G2}: Average estimations for the Group 1 and Group 2, on the items of the RSS-Scale;
SD_{G1} and SD_{G2}: Standard deviations for the Group 1 and the Group 2;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of significance;

Data source:
Parental estimations on the items of the RSS Scale;
Sample size: Group 1.: N_1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; parents of children with delayed cognitive development and/or developmental difficulties;
Method: analysis of variance.

BEST COPY AVAILABLE

Table 3.: The differences between parental self estimations, between the two groups of parents, on the items of the **SE- Scale**

Item	M_{G1}	M_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
1.	.9032	2.1471	1.6465	1.3091	62.178	1	.0000
2.	.7742	1.6765	1.6040	1.3874	35.889	1	.0000
3.	.5000	1.4412	1.3922	1.2530	30.380	1	.0000
4.	.4301	1.3382	1.3432	1.3570	22.239	1	.0000
5.	1.0591	2.5294	1.7876	1.4087	69.877	1	.0000
6.	.8280	1.8529	1.6983	1.4170	43.363	1	.0000
7.	.9140	2.2353	1.6954	1.4962	49.482	1	.0000
8.	.7312	1.8529	1.5667	1.3533	47.218	1	.0000
9.	.7204	1.7794	1.4691	1.1986	55.541	1	.0000
10.	.7742	1.8971	1.5905	1.2384	60.597	1	.0000

Legend:
M_{G1} and M_{G2}: Average estimations for the Group 1 and Group 2 on the items of the SE-Scale;
SD_{G1} and SD_{G2}: Standard deviations for the Group 1 and the Group 2;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of significance;

Data source:
Parental estimations on the SE - Scale;
Sample size: Group 1.: N_1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; parents of children with delayed cognitive development and/or developmental difficulties;
Method: analysis of variance.

BEST COPY AVAILABLE

Table 4: The differences between parental self estimations, between the two groups of parents, on the items of the **X-2 Scale**

Item	M_{G1}	M_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
1.	1.7527	2.0882	.7428	.6803	22.312	1	.0000
2.	1.9946	2.9265	.7369	.7537	75.865	1	.0000
3.	1.5860	3.2794	.8523	.9369	167.224	1	.0000
4.	1.6075	3.1912	.8176	.6699	246.790	1	.0000
5.	1.9086	3.0294	.8278	.7270	118.839	1	.0000
6.	2.4677	2.6765	.91673	.8303	15.420	1	.0000
7.	2.2742	2.3529	.9419	.8183	17.827	1	.0000
8.	1.8979	2.8971	.8892	.7304	98.618	1	.0000
9.	1.9140	3.2353	.9578	.7881	136.205	1	.0000
10.	1.9731	2.3971	.9125	.7885	30.297	1	.0000
11.	2.1774	2.6765	.9536	.9305	17.794	1	.0000
12.	1.9462	2.9706	.8782	.8220	80.713	1	.0000
13.	2.0591	2.1029	.9168	.8426	11.022	1	.0000
14.	2.6183	2.1029	.9780	.8426	34.191	1	.0000
15.	1.9140	2.8088	.8939	.7907	71.117	1	.0000
16.	2.0645	2.3824	.9135	.7675	28.303	1	.0000
17.	1.9140	3.0588	.9293	.9375	74.583	1	.0000
18.	2.0860	2.7353	.9800	.9174	31.944	1	.0000
19.	1.8011	2.0441	.9148	.8649	11.277	1	.0013
20.	1.9140	3.2647	1.0017	.9795	95.847	1	.0000

Legend:
M_{G1} and M_{G2}: Average estimations for the Group 1 and Group 2 on the items of the X-2 Scale;
SD_{G1} and SD_{G2}: Standard deviations for the Group 1 and the Group 2;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of sign ficance;

Data source:
Parental estimations on the items of the X-2 Scale;
Sample size: Group 1.: N_1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; parents of children with delayed cognitive development and/or developmental difficulties;
Method: analysis of variance.

BEST COPY AVAILABLE

Table 5: The differences between parental estimations for the two groups of parents, on the **KR- Scale, RSS- Scale, SE- Scale and the X-2 Scale**

Var.	M_{G1}	M_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
KR	51.2957	38.9118	14.0760	10.4723	84.206	1	.0000
RSS	20.5591	17.2206	15.3644	5.4445	96.472	1	.0000
SE	10.3226	18.7647	10.4693	8.1261	70.411	1	.0000
X-2	39.9140	54.0882	10.8872	6.1014	190.306	1	.0000

Legend:
M_{G1} and M_{G2}: Average total result of parental self estimations for the Group 1 and the Group 2;
SD_{G1} and SD_{G2}: Standard deviations for the Group 1 and the Group 2;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of sign ficance;

Data source:
Parental self estimations;
Sample size: Group 1.: N_1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; parents of children with delayed cognitive development and/or developmental difficulties;
Method: discriminative analysis.

BEST COPY AVAILABLE

Table 6: Analysis of variance for the first discriminative function, on the **KR-Scale, RSS- Scale, SE- Scale and the X-2 Scale**

Var.	C_{g1}	C_{g2}	SD_{g1}	SD_{g2}	F	df	sign.
KR	.4567	-1.2492	2.3438	1.7923	64.955	1	.0000
RSS	-.0730	.1997	3.0268	.9145	99.611	1	.0000
SE	-.5845	1.5987	2.6626	1.5642	107.800	1	.0000
X-2	-.8879	2.4286	2.6342	1.3168	197.341	1	.0000

Legend:
C_{g1} and C_{g2}: Centroids for the Group 1 and the Group 2;
SD_{g1} and SD_{g2}: Standard deviations for the Group 1 and the Group 2;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of significance;

Data source:
Parental estimations;
Sample size: Group 1.: N_1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; parents of children with delayed cognitive development and/or developmental difficulties;
Method: analysis of variance for the first discriminative function.

BEST COPY AVAILABLE

Table 7: Parental and teacher's estimations of the children's hyperactivity and aggressiveness for the two groups of children

Var.	M_{G1}	M_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
1.	.9516	4.8382	2.2749	2.2003	154.514	1	.0000
2.	.5591	3.1176	2.0397	2.6264	30.625	1	.0000
3.	2.1720	8.2941	4.0285	4.5376	88.057	1	.0000
4.	.1290	2.9706	2.0306	3.4341	50.523	1	.0000
5.	.0645	1.6471	1.7058	2.8116	101.333	1	.0000
6.	.7419	5.7206	3.6805	6.2234	68.184	1	.0000

Legend:
M_{G1} and M_{G2} : Average estimations for the group 1 and 2;
SD_{G1} and SD_{G2} : Standard deviations of the estimations for the group 1 and 2. ;
F: F-ratio; **df**: degrees of freedom; **Sign.**: level of significance;

Var.1.: Parental estimations of hyperactivity; **Var.2.**: Parental estimations of aggressiveness; **Var.3.**: Sum of parental estimations of aggressiveness and hyperactivity;

Var.4.: Teacher's estimations of hyperactivity; **Var.5.**: Teacher's estimations of aggressiveness; **Var.6.**: Sum of teacher's estimations of aggressiveness and hyperactivity;

Data source:
Parental and teacher's estimations of the children's hyperactivity and aggressiveness;
Sample size: Group 1.: N_1 = 186; children with no developmental difficulties and/or delayed cognitive development;
Group 2.: N_2 = 68; children with delayed cognitive development and/or developmental difficulties;
Method: analysis of variance.

BEST COPY AVAILABLE

REFERENCES

Bandura,A. & Cervone,D. (1983). Self-evaluative and self-efficacy mechanisms governing the motivational effects of goal systems. *Journal of Personality and Social psychology*, 45, 1017-1028.

Bandura,A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.

Bandura,A. (1982). Self- efficacy mechanisms in human agency. *American Psychologist*, 37, 122-147.

Bandura,A. (1984). Recycling misconceptions of perceived self-efficacy. *Cognitive Therapy and Research*, 8, 231-255.

Bandura,A. (1986a). From thought to action: Mechanisms of personal agency. *New Zeland Journal of Psychology*, 15,1-17.

Bandura,A. (1986b). The explanatory and predictive scope of self-efficacy theory. *Journal of Social and Clinical Psychology*, 4, 359-373.

Baumeister,R.F. (1986). *Public self and private self*. Springer-Verlag, New York.

Baumeister,R.F.& Tice,D.M. (1985). Self - esteem and responses to success and failure: Subsequent performance and intrinsic motivation. *Journal of personality*, 53, 450-467.

Bezić,I. (1981). Uloga stilova sučeljavanja kod roditelja hendikeprirane djece u prilagodbi na terapijski proces, *unpublished Masters paper*, Faculty of Philosophy, Zagreb.

Bezinović,P. (1988). Samopercepcija osobne kompetentnosti kao dimenzija vrednovanja vlastitog JA, *unpublished Doctoral disertation*, Faculty of Philosophy, Zagreb.

Brown,I.,Jr. & Inouye,D.K. (1973). Learned helplessness through modelling: the role of perceived similarity in competence. Journal of Personality and Social Psychology, 36, 900-908.

Carver,C.S. & Scheier,M. (1981). *Attention and self-regulation: A control-theory approach to human behavior*. Springer-Verlag, New York.

Challela,M.S. (1981). Coping with a mentally retarded child., in *Coping with crises and handicap*, A. Milunsky (Ed.). Plenum Press, N.Y , London,1981.

Duval,S. & Wicklund,R.A. (1972). *A theory of objective self-awareness*. Academic Press, New York.

Epstein,S. (1973). The self-concept revisited or a theory of a theory. *American Psychologist*, 28, 405-416.

BEST COPY AVAILABLE

Folkman,s., Scahaefer,C.,Lazarus,R.S. (1979). Cognitive processes as mediators of stress and coping., in V. Hamilton, D.W. Waburton (Eds.), *Human stress and cognition*, N.Y., John Willey.

Gergen,K.J. (1981). *The concept of self*. Holt, Rinehart & Winston, New York.

Gustović-Ercegovac,A. (1992). Review of the Scale of Perceived Competence for the Parental Role, *Defektologija*, 28, supplement 2, 51-57.

Hattie,J. (1984). An empirical study of various indices for determining unidimensionality. *Multivariate Behavioral Research*, 19, 49-78.

Heifetz,L.J. (1977). Behavioral training for parents of retarded children: Alternative formats based on instructional manuals, *Am. J. of Mental Deficiency*, 82, 194-203.

Jones,S.C. (1973). Self and interpersonal evaluations: Esteem theories versus consistency theories. *Psychological Bulletin*, 79, 185-199.

Kravetz,S.,Katz,S.,Katz,S. (1990). A goal directed approach to training parents of children with a developmental disability. *The British J. of Mental Subnormality*, 36, part 1, 70.

Levine,J.M. (1983). Social comparison and education., in Levine,J.M. & Wang,M.C. (Eds.). *Teacher and student perceptions: Implications for learning*. Erlbaum, Hillsdale, N.J.

Markus,H. & Smith,J. (1981). The influence of self-schemata on the perception of others., in Carter,N. & Kihlstron,J. (Eds.) *Personality, cognition and social interaction*. Erlbaum, Hillsdale.

Markus,H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology*, 35, 63-78.

Rotter,J.B. (1966). Generalised expectancies for internal versus external control of reinforcement. *Psychological Monographs, General and Applied*, 80.

Rotter,J.B. (1975). Some problems and misconceptions related to the construct of internal versus external locus of control of reinforcement. *Journal of Consulting and Clinical Psychology*, 43, 56-57.

Schlenkel, B. (1980). *Impression management; The self concept, social identity and interpersonal relations*. Brooks/Cole, Monterey, Ca.

Schunk,D.H. (1981). Modelling and attribution effects on children's achievement: A self-efficacy analysis. *Journal of Educational Psychology*, 73, 93-105.

Snyder,M. (1974). Self-monitoring processes. *Advances in Experimental Social Psychology*, 12, 85-128.

BEST COPY AVAILABLE